

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007271

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 122

FILED MAR 5 1963

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Joplin</u>		c. CITY OR TOWN <u>Joplin</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>406 N. Mineral Ave.</u>		Length of stay in lb <u>45 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>406 N. Mineral Ave.</u>
3. NAME OF DECEASED (Type or print): First <u>Bueletta</u> Middle <u>Curtis</u> Last <u>Curtis</u>		4. DATE OF DEATH Month <u>Feb.</u> Day <u>25</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-22-1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	9. AGE (last birthday) <u>82</u>
11a. FATHER'S NAME <u>Cass Armstrong</u>		11b. MOTHER'S MAIDEN NAME <u>Anna Lock</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Myocarditis</u>		14. NAME OF HUSBAND OR WIFE <u>Harry C. Curtis, 5-7-1958</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		17. INFORMANT <u>Bro- Wm. Armstrong, 4923 Calumet, Chicago 15, Ill.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20c. TIME OF INJURY Hour <u>9:20 PM</u> Month, Day, Year <u>Feb. 25, 1963</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Joplin, Missouri</u>		COUNTY <u>Jasper</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>April 20, 1960</u> to <u>Feb. 25, 1963</u> and last saw her live on <u>Feb. 25, 1963</u> Death occurred at <u>9:20 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Wayne R. McKee M.D.</u>	
22b. ADDRESS <u>607 Frisco Bldg, Joplin, Missouri</u>		22c. DATE SIGNED <u>2-26-63</u>	
23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <u>Burial</u>		23b. DATE <u>3-2-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Parkway Cemetery</u>		23d. LOCATION (City, town, or county) <u>Joplin, Missouri</u>	
24. FUNERAL DIRECTOR <u>STEVE PARKER MORTUARY, JOPLIN, MISSOURI</u>		25. DATE RECD. BY LOCAL REG. <u>3-1-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Dore Merriam</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harry E. Crane

Licensed Embalmer No.

4465

P. O. Address

John M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.